

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: UT
APPLICATION YEAR: 2010

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: UT

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 2,291,295 (38.1 %)

B.Children with special health care needs:

\$ 1,913,622 (31.82 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 497,349 (8.27 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 567,502

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 23,484,900

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 4,548,728

5. OTHER FUNDS (Item 15e of SF 424)

\$ 13,234,300

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 8,475,400

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 3,897,700

\$ 49,743,328

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 56,324,728

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 80,200

c. CISS: \$ 140,000

d. Abstinence Education: \$ 288,000

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 44,042,500

h. AIDS: \$ 0

i. CDC: \$ 10,275,800

j. Education: \$ 7,177,100

k. Other: \$

See Notes \$ 1,533,700

 \$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 63,537,300

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 119,862,028

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

- Section Number:** Form2_Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2010
Field Note:
Pedestrian Safety Grant
Violent Death Review
Child Fatality Review
Safe Kids Coalition
First Time Motherhood
Promoting Childhood Mental Health
Regional Head Start
Autism
Integrated Services Project
Newborn Hearing Screening
Birth Defects Data Base Registry

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: UT

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 6,222,721	\$ 4,777,279	\$ 6,202,532	\$ 5,106,328	\$ 6,059,192	\$ 5,185,321
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,920,000	\$ 1,922,712	\$ 1,874,500	\$ 1,425,253	\$ 900,000	\$ 952,864
3. State Funds <i>(Line3, Form 2)</i>	\$ 17,957,500	\$ 17,980,841	\$ 18,145,800	\$ 18,646,870	\$ 19,297,700	\$ 19,741,724
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 4,025,645	\$ 4,601,000	\$ 4,463,132	\$ 5,241,123	\$ 4,601,000	\$ 5,462,581
5. Other Funds <i>(Line5, Form 2)</i>	\$ 10,446,600	\$ 12,875,684	\$ 11,509,600	\$ 12,873,662	\$ 12,789,500	\$ 13,926,425
6. Program Income <i>(Line6, Form 2)</i>	\$ 6,576,300	\$ 6,903,929	\$ 6,669,200	\$ 7,600,527	\$ 7,565,300	\$ 7,165,556
7. Subtotal <i>(Line8, Form 2)</i>	\$ 47,148,766	\$ 49,061,445	\$ 48,864,764	\$ 50,893,763	\$ 51,212,692	\$ 52,434,471
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 51,275,300	\$ 49,644,502	\$ 53,323,100	\$ 49,212,783	\$ 52,525,500	\$ 47,614,937
9. Total <i>(Line11, Form 2)</i>	\$ 98,424,066	\$ 98,705,947	\$ 102,187,864	\$ 100,106,546	\$ 103,738,192	\$ 100,049,408
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: UT

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 6,059,780	\$ 5,050,376	\$ 5,998,100		\$ 6,013,898	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 640,000	\$ 874,459	\$ 538,000		\$ 567,502	
3. State Funds <i>(Line3, Form 2)</i>	\$ 22,750,850	\$ 23,410,875	\$ 25,386,000		\$ 23,484,900	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 5,241,123	\$ 4,548,728	\$ 5,462,581		\$ 4,548,728	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 13,845,600	\$ 13,833,770	\$ 13,290,400		\$ 13,234,300	
6. Program Income <i>(Line6, Form 2)</i>	\$ 6,940,800	\$ 8,619,947	\$ 8,004,900		\$ 8,475,400	
7. Subtotal <i>(Line8, Form 2)</i>	\$ 55,478,153	\$ 56,338,155	\$ 58,679,981	\$ 0	\$ 56,324,728	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 51,733,400	\$ 50,913,287	\$ 50,546,500		\$ 63,537,300	
9. Total <i>(Line11, Form 2)</i>	\$ 107,211,553	\$ 107,251,442	\$ 109,226,481	\$ 0	\$ 119,862,028	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
The Federal Allocation was under spent in FY2008 for several reasons. All non-dedicated funding within the division was spent first in order to avoid losing the funds at the end of the state fiscal year. The CSHCN Bureau streamlined programs and services which resulted in some vacancies and efficiencies within the Bureau. The CASH program also had vacancies for most of the fiscal year. This resulted in lower personnel costs as well as lower indirect costs. Unspent funding from these cost savings measures will assist the Division in filling some gaps in the upcoming year.
- 2. Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
The Federal Allocation was underspent in FY2007 for several reasons. State funding and Other Funds increased and these funds were spent first in order to avoid losing the funds at the end of the state fiscal year. There were several vacancies throughout the year which resulted in lower personnel expenditures as well as lower indirect costs. Also, we received state funding for the Birth Defects Registry which was included in the Federal MCH budgets for FY2007. State funds were spent for this program, rather than the federal funds originally budgeted.
- 3. Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
The actual Unobligated Balance for FY2008 was \$874,459, which was higher than the projected budgeted amount of \$640,000. The Division has made an extra effort to reduce the Unobligated Balance to a reasonable level over the past few years. As this balance has come down, special one-time projects previously funded have been discontinued. At the end of FY2008 state budget cuts were anticipated, so a conservative spending approach was implemented to reserve federal funding to help fill the gaps in the upcoming year.
- 4. Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2008
Field Note:
Local MCH funds are budgeted based on expenditures reported by the 12 local health departments from the previous year. The decrease in expenditures for Local Funds is a result of the local health departments reporting significant decreases in spending of local funds for MCH activities in FY2008.
- 5. Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
Local MCH funds are budgeted based on expenditures reported by the 12 local health departments from the previous year. The increase in expenditures for Local Funds is a result of the local health departments reporting significant increases in spending of local funds for MCH activities in FY2007.
- 6. Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
Program Income increased in FY2008 due to Medicaid match going up for several programs. New time studies were conducted for CSHCN Clinics, Fostering Healthy Children and Baby Watch/Early Intervention Administration. These time studies resulted in additional costs being eligible to be matched, resulting in increased matching funds being drawn down. The Tobacco program also had increased in-kind donations to the media campaign which resulted in a significant increase in Medicaid matching funds. The CHIP program funded a significant increase in vaccine orders for FY2008. Also, CSHCN Clinic collections and Newborn Screening collections increased in FY2008. Most of these increases were used to save federal MCH dollars in FY2008 which results in more available federal funding for the upcoming year.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: UT

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 5,724,326	\$ 6,062,056	\$ 6,034,410	\$ 6,203,563	\$ 6,256,050	\$ 6,636,539
b. Infants < 1 year old	\$ 5,774,342	\$ 6,382,676	\$ 6,321,172	\$ 6,703,107	\$ 6,652,017	\$ 6,972,260
c. Children 1 to 22 years old	\$ 19,247,670	\$ 20,618,853	\$ 20,169,896	\$ 21,747,200	\$ 21,133,663	\$ 22,447,411
d. Children with Special Healthcare Needs	\$ 12,638,435	\$ 12,484,627	\$ 12,670,765	\$ 12,652,834	\$ 13,490,130	\$ 12,385,097
e. Others	\$ 2,782,243	\$ 2,585,381	\$ 2,666,919	\$ 2,598,580	\$ 2,587,432	\$ 2,944,772
f. Administration	\$ 981,750	\$ 927,852	\$ 1,001,602	\$ 988,479	\$ 1,093,400	\$ 1,048,392
g. SUBTOTAL	\$ 47,148,766	\$ 49,061,445	\$ 48,864,764	\$ 50,893,763	\$ 51,212,692	\$ 52,434,471
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 303,000		\$ 387,900		\$ 69,000	
b. SSDI	\$ 94,000		\$ 94,000		\$ 94,000	
c. CISS	\$ 66,200		\$ 0		\$ 0	
d. Abstinence Education	\$ 294,300		\$ 294,300		\$ 288,100	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 34,683,500		\$ 35,612,500		\$ 35,715,800	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 9,858,200		\$ 10,514,000		\$ 9,219,800	
j. Education	\$ 4,909,000		\$ 5,573,000		\$ 5,826,000	
k. Other						
See Notes	\$ 1,067,100		\$ 847,400		\$ 1,312,800	
III. SUBTOTAL	\$ 51,275,300		\$ 53,323,100		\$ 52,525,500	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: UT

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 6,581,387	\$ 6,757,408	\$ 6,668,905		\$ 6,691,853	
b. Infants < 1 year old	\$ 7,083,337	\$ 7,382,676	\$ 7,697,311		\$ 7,444,465	
c. Children 1 to 22 years old	\$ 22,341,427	\$ 23,244,816	\$ 24,377,296		\$ 22,621,976	
d. Children with Special Healthcare Needs	\$ 14,921,944	\$ 14,276,252	\$ 15,969,690		\$ 15,530,885	
e. Others	\$ 3,399,058	\$ 3,564,009	\$ 2,693,579		\$ 2,767,349	
f. Administration	\$ 1,151,000	\$ 1,112,994	\$ 1,273,200		\$ 1,268,200	
g. SUBTOTAL	\$ 55,478,153	\$ 56,338,155	\$ 58,679,981	\$ 0	\$ 56,324,728	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 10,800		\$ 0		\$ 0	
b. SSDI	\$ 91,000		\$ 80,200		\$ 80,200	
c. CISS	\$ 120,000		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 288,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 35,763,000		\$ 34,444,400		\$ 44,042,500	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 9,141,700		\$ 10,104,700		\$ 10,275,800	
j. Education	\$ 5,217,200		\$ 5,013,200		\$ 7,177,100	
k. Other						
See Notes	\$ 0		\$ 0		\$ 1,533,700	
See FY2009 Notes	\$ 0		\$ 764,000		\$ 0	
See FY08 Notes	\$ 1,389,700		\$ 0		\$ 0	
III. SUBTOTAL	\$ 51,733,400		\$ 50,546,500		\$ 63,537,300	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2007

Field Note:

Expenditures increased in FY2007 over budgeted amounts due to new funding received from a private donation for a cervical cancer vaccination and education program.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: UT

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 8,528,436	\$ 8,845,598	\$ 8,995,694	\$ 9,238,531	\$ 9,436,910	\$ 9,148,811
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 15,790,021	\$ 17,546,851	\$ 16,861,375	\$ 17,959,192	\$ 18,300,676	\$ 18,937,324
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 13,714,873	\$ 13,677,952	\$ 13,456,985	\$ 14,587,459	\$ 13,969,878	\$ 15,133,366
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 9,115,436	\$ 8,991,044	\$ 9,550,710	\$ 9,108,581	\$ 9,505,228	\$ 9,214,970
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 47,148,766	\$ 49,061,445	\$ 48,864,764	\$ 50,893,763	\$ 51,212,692	\$ 52,434,471

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: UT

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 10,602,908	\$ 10,341,565	\$ 11,755,921	\$	\$ 11,181,494	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 18,811,935	\$ 19,100,440	\$ 18,900,392	\$	\$ 19,487,351	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 15,929,806	\$ 16,496,649	\$ 16,518,818	\$	\$ 14,772,033	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 10,133,504	\$ 10,399,501	\$ 11,504,850	\$	\$ 10,883,850	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 55,478,153	\$ 56,338,155	\$ 58,679,981	\$ 0	\$ 56,324,728	\$ 0

FORM NOTES FOR FORM 5
None
FIELD LEVEL NOTES
None

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: UT

Total Births by Occurrence: 56,320

Reporting Year: 2007

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	55,928	99.3	255	4	4	100
Congenital Hypothyroidism	55,928	99.3	450	72	72	100
Galactosemia	55,928	99.3	64	59	59	100
Sickle Cell Disease	55,928	99.3	332	319	319	100
Other Screening (Specify)						
Biotinidase Deficiency	55,928	99.3	13	2	2	100
Acylcarnitines	55,928	99.3	465	19	19	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	55,928	99.3	135	4	4	100
Amino Acid (w/o Phenylketonuria)	55,928	99.3	255	7	7	100
Screening Programs for Older Children & Women (Specify Tests by name)						
Diet Monitoring Pregnant Women	5		59	5	5	100
Diet Monitoring 0-18 y	72		652	72	72	100

(1) Use occurrent births as denominator.

(2) Report only those from resident births.

(3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1.

Section Number: Form6_Main

Field Name: Phenylketonuria_OneScreenNo

Row Name: Phenylketonuria

Column Name: Receiving at least one screen

Year: 2010

Field Note:

Since the Classical Phenylketonuria testing is now part of the Amino Acids testing the numbers reported are an estimate based on the overall results.

There were four confirmed cases that did not require any treatment.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: UT

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	10,237	45.6	0.0	10.6	32.9	10.7
Infants < 1 year old	56,320	46.1	0.6	13.2	38.1	2.0
Children 1 to 22 years old	42,514	25.4	2.6	16.2	51.2	4.6
Children with Special Healthcare Needs	5,149	38.0	4.3	45.2	12.6	0.0
Others	5,377	0.5	0.0	4.1	40.3	55.0
TOTAL	119,597					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2010
Field Note:
Vital Records birth data 2007 occurent births.
2. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2010
Field Note:
MCH Service Report SFY 08
3. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2010
Field Note:
CSHCN Bureau insurance data 2008.
4. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2010
Field Note:
MCH Service Report SFY 08, Family Planning data

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: UT

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	54,290	50,637	560	710	919	739	0	725
Title V Served	13,676	9,679	116	116	212	65	0	3,488
Eligible for Title XIX	16,804	15,079	348	512	239	381	0	245
INFANTS								
Total Infants in State	55,063	51,381	568	716	930	738	0	730
Title V Served	56,320	52,552	635	707	943	743	0	740
Eligible for Title XIX	17,013	15,270	353	514	244	385	0	247

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	45,075	8,968	247					8,968
Title V Served	8,336	3,673	1,667					3,673
Eligible for Title XIX	13,024	3,691	89					3,691
INFANTS								
Total Infants in State	45,757	9,068	238					9,068
Title V Served	46,852	9,226	242					9,226
Eligible for Title XIX	13,198	3,729	86					3,729

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1.

Section Number:

Form8_I. Unduplicated Count By Race

Field Name:

InfantsTotal_All

Row Name:

Total Infants in State

Column Name:

Total All Races

Year:

2010

Field Note:

This is the total resident births in Utah 2007
2.

Section Number:

Form8_I. Unduplicated Count By Race

Field Name:

InfantsTitleV_All

Row Name:

Title V Served

Column Name:

Total All Races

Year:

2010

Field Note:

This is the total occurent births in Utah 2007

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: UT

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 826-9662</u>	<u>(800) 826-9662</u>	<u>(800) 826-9662</u>	<u>(800) 826-9662</u>	<u>(800) 826-9662</u>
2. State MCH Toll-Free "Hotline" Name	Baby Your Baby	Baby Your Baby	Baby Your Baby	Baby Your Baby	Baby Your Baby
3. Name of Contact Person for State MCH "Hotline"	<u>Marie Nagata</u>	<u>Marie Nagata</u>	<u>Marie Nagata</u>	<u>Marie Nagata</u>	<u>Marie Nagata</u>
4. Contact Person's Telephone Number	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>
5. Contact Person's Email	<u>mnagata@utah.gov</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>22,960</u>	<u>22,000</u>	<u>20,671</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: UT

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(888) 222-2542</u>	<u></u>	<u>(888) 222-2542</u>	<u>(888) 222-2542</u>	<u>(888) 222-2542</u>
2. State MCH Toll-Free "Hotline" Name	CHIP Children's Health Insurance Program		CHIP Children's Health Insurance Program	CHIP Children's Health Insurance Program	CHIP Children's Health Insurance Program
3. Name of Contact Person for State MCH "Hotline"	<u>Marie Nagata</u>	<u></u>	<u>Marie Nagata</u>	<u>Marie Nagata</u>	<u>Marie Nagata</u>
4. Contact Person's Telephone Number	<u>(801) 538-6519</u>	<u></u>	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>
5. Contact Person's Email	<u>mnagata@utah.gov</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>16,588</u>	<u>0</u>	<u>10,541</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: UT

1. State MCH Administration:
(max 2500 characters)

The Utah Department of Health is the State Title V agency. Currently the Department's Division of Community and Family Health Services oversees all block grant activities, including children and youth with special health care needs. The Division is also responsible for other federally funded programs, such as Part C, WIC, Immunizations, Preventive Block grant. A number of individual programs address the needs of the population of women of childbearing ages, children and youth, including those with special health care needs and their families. Some Title V funds support portions of other programs, such as obesity prevention, the state immunization registry, and so on. MCH staff work closely together to promote healthy mothers and children across programs and the three Bureaus in the Division. The Department of Health is currently undergoing a reorganization and it is not yet clear which programs will go where. The Department plans on making final decisions in the next couple of weeks. The Department is collapsing three divisions into two and the current Division of Community and Family Health Services will more than likely be split among two divisions. It is likely that many of the Title V funded programs will be housed within the same division, although that remains to be seen.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 6,013,898
3. Unobligated balance (Line 2, Form 2)	\$ 567,502
4. State Funds (Line 3, Form 2)	\$ 23,484,900
5. Local MCH Funds (Line 4, Form 2)	\$ 4,548,728
6. Other Funds (Line 5, Form 2)	\$ 13,234,300
7. Program Income (Line 6, Form 2)	\$ 8,475,400
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 56,324,728

9. Most significant providers receiving MCH funds:

Local Health Departments
University of Utah Health Sciences Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	10,237
b. Infants < 1 year old	56,320
c. Children 1 to 22 years old	42,514
d. CSHCN	5,149
e. Others	5,377

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Most direct and enabling services provided by the Department are CSHCN clinics that are held in Salt Lake City, Ogden and Utah County. CSHCN provides services to children with special needs in rural areas of the state without a pediatric or pediatric specialty provider. Baby Your Baby serves as the Title V Hotline and also is a referral source for numerous resources for the public in their communities. The hotline answers more than 20 hotlines for the Department in addition to the Baby Your Baby hotline. One of the hotline's primary functions is referring pregnant women to Medicaid eligibility workers or to the UtahClicks system for online application for Presumptive Eligibility for prenatal Medicaid or other public services. The Baby Your Baby by Phone is a phone service by which pregnant women can get a Presumptive Eligibility card to begin prenatal care while awaiting the determination of their eligibility for Medicaid. This service has proven effective for processing PE applications faster than previous methods. The Department has access to language translation services for individuals who call and are non-English speaking. UtahClicks enables individuals and families to access a number of program services for possible eligibility by entering basic demographic information common to all the programs in the system. The information is then pushed by UtahClicks to programs, without the individual having to enter the same demographic information numerous times for numerous programs. The programs that UtahClicks connects with include Medicaid, Presumptive Eligibility, Early Intervention Services, Head Start and early Head Start, and CSH programs.

b. Population-Based Services:
(max 2500 characters)

The Department of Health has made several priorities for its agenda, including obesity and immunizations. In 2007, the Department Executive Director launched a campaign to reduce childhood obesity. The group, Utah Partnership for Healthy Weight, has formed a 501(c)3 organizational structure and works with Department programs and external partners to address the epidemic of obesity. The state Newborn Screening Program has expanded the number of conditions tested to 37. Baby Your Baby media spots continue to promote early entry into prenatal care. Pregnancy RiskLine provides a telephone service to callers requesting information about exposure to infectious agents, chemicals, medications, etc and the possible impact on the developing fetus or breastfed infant. The Newborn Hearing Screening program has successfully implemented hearing screening in hospitals of birth and also for lay midwifery home births. The Violence and Injury Program is focusing on teen motor vehicle deaths to attempt to reduce injuries due to alcohol or drugs or poor driving skills.

c. Infrastructure Building Services:
(max 2500 characters)

The Division's data capacity is vital in assisting MCH and CSHCN programs with data needs, data analysis and reporting, survey development, planning and evaluation. With the MCH Epidemiologist in the Division Title V programs are better able to analyze and utilize data to identify issues that require public health intervention. The MCH Epidemiologist and her team of staff are able to conduct higher level data analysis, participate with partners on research studies, and develop surveys based on sound methodology. Utah PRAMS, YRBS, BRFSS data are widely used in the work of Title V programs. We continue to promote the importance of mental health integration with primary care. Data have directed programs to develop interventions that were very different than originally planned because the data didn't support our assumptions. Data use is a key part of program planning and evaluation.

12. The primary Title V Program contact person:

Name	Nan Streeter
Title	MCH Director, Utah Department of Health
Address	PO Box 142001
City	Salt Lake City
State	Utah
Zip	84114-2001
Phone	801.538.6869
Fax	801.538.9409
Email	nanstreeter@utah.gov
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Holly Williams
Title	CSHCN Director
Address	PO Box 144610
City	Salt Lake City
State	Utah
Zip	84114-4610
Phone	801.584.8202
Fax	801.584.8488
Email	hollywilliams@utah.gov
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Form10_Main

Field Name: MCHAdmin

Row Name: State MCH Administration

Column Name:

Year: 2010

Field Note:

The Utah Department of Health is the State Title V agency. Currently the Department's Division of Community and Family Health Services oversees all block grant activities, including children and youth with special health care needs. The Division is also responsible for other federally funded programs, such as Part C, WIC, Immunizations, Preventive Block grant. A number of individual programs address the needs of the population of women of childbearing ages, children and youth, including those with special health care needs and their families. Some Title V funds support portions of other programs, such as obesity prevention, the state immunization registry, and so on. MCH staff work closely together to promote healthy mothers and children across programs and the three Bureaus in the Division.

The Department of Health is currently undergoing a reorganization and it is not yet clear which programs will go where. The Department plans on making final decisions in the next couple of weeks.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: UT

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	98.5	99	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	410	841	403	479	479
Denominator	410	841	403	479	479

Data Source

See footnote for source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.
 Utah Newborn Screening Program Database, 2007

2. **Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

Utah Newborn Screening Program Database, 2007

3. **Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

The number of identified cases has dropped since last year due to decreases in the cutoff levels for certain conditions (amino acids, CAH, etc.).

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>63.7</u>	<u>63.7</u>	<u>65</u>	<u>65</u>	<u>52</u>
Annual Indicator	<u>63.7</u>	<u>63.7</u>	<u>63.7</u>	<u>55.1</u>	<u>55.1</u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>55.1</u>	<u>55.1</u>	<u>55.1</u>	<u>55.1</u>	<u>56</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2008
Field Note:
 Data are pre-populated from the National Survey of CSHCN. The same questions were used to generate the NPM02 indicator in 2001 and 2005-2006 survey.
- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2007
Field Note:
 Data are pre-populated from the National Survey of CSHCN. The same questions were used to generate the NPM02 indicator in 2001 and 2005-2006 survey.
- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2006
Field Note:
 Data are pre-populated from the 2001 National Survey of CSHCN.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	55.9	55.9	60	60	49
Annual Indicator	55.9	55.9	55.9	52.2	52.2
Numerator					
Denominator					
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	52.2	52.2	52.2	52.2	52.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

Data are pre-populated from the 2001 National Survey of CSHCN.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>57.2</u>	<u>57.2</u>	<u>59</u>	<u>59</u>	<u>59</u>
Annual Indicator	<u>57.2</u>	<u>57.2</u>	<u>57.2</u>	<u>59.5</u>	<u>59.5</u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>59.5</u>	<u>59.5</u>	<u>59.5</u>	<u>59.5</u>	<u>59.5</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2008
Field Note:
 Data are pre-populated from the National Survey of CSHCN. The same questions were used to generate the NPM02 indicator in 2001 and 2005-2006 survey.
- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2007
Field Note:
 Data are pre-populated from the National Survey of CSHCN. The same questions were used to generate the NPM02 indicator in 2001 and 2005-2006 survey.
- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2006
Field Note:
 Data are pre-populated from the 2001 National Survey of CSHCN.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	79.1	79.1	82	82	82
Annual Indicator	79.1	79.1	79.1	86.2	86.2
Numerator					
Denominator					
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	86.2	86.2	86.2	86.2	86.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

Data are pre-populated from the 2001 National Survey of CSHCN.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					36
Annual Indicator	5.8	5.8	5.8	42.5	42.5
Numerator					
Denominator					
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	42.5	42.5	42.5	42.5	44
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

Field Note:

Data are pre-populated from the National Survey of CSHCN. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Data are pre-populated from the National Survey of CSHCN. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

Data are pre-populated from the 2001 National Survey of CSHCN.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	80	80	85
Annual Indicator	71.1	74.1	80.4	78.5	78.5
Numerator					
Denominator					
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	82.5	85	85	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

This measure does not have a numerator or denominator because it is taken from CDC's 2007 National Immunization Survey (NIS) which is only available at the state level as a percentage.

2. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

This measure does not have a numerator or denominator because it is taken from CDC's 2007 National Immunization Survey (NIS) which is only available at the state level as a percentage.

3. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

This measure does not have a numerator or denominator because it is taken from CDC's 2006 National Immunization Survey (NIS) which is only available at the state level as a percentage.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	16.5	16	14.8	15.7	16.5
Annual Indicator	14.9	15.7	16.3	18.6	18.6
Numerator	854	917	981	1,133	1,133
Denominator	57,505	58,374	60,026	61,060	61,060
Data Source					See footnote for source
Do not report the numerator because: 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	18.5	18.4	18.3	18.2	18.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

Denominator: IBIS Population estimates for 2007

2. Section Number: Form11_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

Denominator: IBIS Population estimates for 2007

3. Section Number: Form11_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: Office of Vital Records and Statistics. UDOH. 2006

Denominator: IBIS Population estimates for 2006

The 2006 population reported on the 2007 Block Grant report was 58,374 and now has been updated to 60,026.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	49.9	52	50	45.1	45.1
Annual Indicator	49.9	49.9	45.1	45.1	45.1
Numerator	252	252	155	155	155
Denominator	505	505	344	344	344
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	45.1	45.1	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2008
Field Note:
 Utah Oral Health Survey 2005, Oral Health Program, UDOH
- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2007
Field Note:
 Utah Oral Health Survey 2005, Oral Health Program, UDOH
- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2006
Field Note:
 Utah Oral Health Survey 2005, Oral Health Program, UDOH

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.9	4.6	5.1	4.5
Annual Indicator	4.6	5.2	2.9	3.2	3.2
Numerator	30	35	20	23	23
Denominator	653,225	668,784	686,219	708,557	708,557
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	3.4	3.3	3.2	3.1	3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics. Mortality database. UDOH 2007

Denominator: IBIS Population estimates for 2007

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics Mortality database. UDOH 2007

Denominator: IBIS Population estimates for 2007

3. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: Office of Vital Records and Statistics. UDOH 2006

Denominator: IBIS Population estimates for 2006

The 2006 population reported on the 2007 Block Grant report was 683,326 and now has been updated to 686,219.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			53	50	56
Annual Indicator		52.4	49.9	55.6	60.4
Numerator					
Denominator					
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	60.5	60.7	60.9	61.2	61.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

The data reported are from the National Immunization Survey, 2005. These data are only reported by percentage so no numerator or denominator is available for state level reporting.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported are from the National Immunization Survey. These data are only reported by percentage so no numerator or denominator is available for state level reporting.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported are from the National Immunization Survey 2006. These data are only reported by percentage so no numerator or denominator is available for state level reporting.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	96.5	97.5	97.5	97.9	97.5
Annual Indicator	97.1	97.9	98.0	97.9	97.9
Numerator	50,336	51,478	53,454	55,113	55,113
Denominator	51,835	52,563	54,532	56,320	56,320
Data Source					See footnote for source
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you do not report the numerator because of fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5, explain the data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	97.9	98	98.1	98.2	98.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Utah Hearing, Speech, and Vision Services Program, Hi*Track database

Denominator: Office of Vital Records and Statistics, Birth Certificate database, occurrent births, UDOH. 2007

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Utah Hearing, Speech, and Vision Services Program, Hi*Track database

Denominator: Office of Vital Records and Statistics, Birth Certificate database, occurrent births, UDOH. 2007

3. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: Utah Hearing, Speech, and Vision Services Program, Hi*Track database

Denominator: Office of Vital Records and Statistics, Birth Certificate database, occurrent births, UDOH. 2006

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	7.3	8.1	8.6	10.3	9.1
Annual Indicator	8.2	8.5	10.3	9.2	9.2
Numerator	62,850	67,000	83,200	76,734	76,734
Denominator	771,112	788,452	804,569	834,070	834,070
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	9.1	9	9	9	9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: The number of children with no insurance calculated using the data from the Utah Healthcare Access Survey, 2007.

Denominator: IBIS Population estimates 2007

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: The proportion of children with no insurance calculated using the data from the Utah Healthcare Access Survey, 2007.

Denominator: IBIS Population estimates 2007

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: The proportion of children with no insurance calculated using the data from the Utah Health Status Survey 2006.

Denominator: IBIS Population estimates

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			21.6	21.6	21.6
Annual Indicator		21.6	21.8	21.8	21.8
Numerator		6,541	6,558	6,558	6,558
Denominator		30,282	30,083	30,083	30,083
Data Source					See footnote for source
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	21.8	21.8	21.6	21.6	21.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data are from the 2005 Pediatric Nutrition Surveillance. Table 8C combining the 85th-<95th and greater than or equal to 95th BMI categories.

Due to the failure of a WIC computer system which was implemented in March 2006, data were unable to be saved and transferred to the CDC Pediatric Nutrition Surveillance system. Thus, 2005 data are referenced because this is the last data set obtained before the failed computer system was implemented in March 2006.

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data are from the 2005 Pediatric Nutrition Surveillance. Table 8C combining the 85th-<95th and greater than or equal to 95th BMI categories.

Due to the failure of a WIC computer system which was implemented in March 2006, data were unable to be saved and transferred to the CDC Pediatric Nutrition Surveillance system. Thus, 2005 data are referenced because this is the last data set obtained before the failed computer system was implemented in March 2006.

3. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data are from the 2005 Pediatric Nutrition Surveillance. Table 8C combining the 85th-<95th and greater than or equal to 95th BMI categories.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			4.6	4.2	4.2
Annual Indicator		4.7	4.3	4.1	4.1
Numerator		2,386	2,228	2,285	2,285
Denominator		50,653	51,517	55,063	55,063

Data Source

See footnote for source

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	4	3.9	3.8	3.7	3.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics. UDOH 2005

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	11.9	14.2	13.9	13.2	13.2
Annual Indicator	14.0	9.3	10.4	10.6	10.6
Numerator	27	18	22	23	23
Denominator	193,218	194,147	212,391	216,313	216,313
Data Source					See footnote for source
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	10.6	10.6	10.6	10.6	10.6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007.

2. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007.

3. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: Office of Vital Records and Statistics death data. UDOH 2006

Denominator: IBIS Population estimates for 2006.

The 2006 population reported on the 2007 Block Grant report was 195,330 and now has been updated to 212,391.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	71	64	83	80	84
Annual Indicator	81.1	79.4	84.4	79.9	79.9
Numerator	420	424	475	460	460
Denominator	518	534	563	576	576
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	81	82	83	84	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

Facilities for high-risk deliveries and neonates are tertiary Level III hospitals.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

Facilities for high-risk deliveries and neonates are tertiary Level III hospitals.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics. UDOH 2006

The number of hospitals classified as level III increased by one over the reporting period.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	78.4	78.6	78.2	79	78.6
Annual Indicator	78.0	78.8	79.0	79.4	79.4
Numerator	39,524	40,587	42,237	43,728	43,728
Denominator	50,653	51,517	53,475	55,063	55,063
Data Source					See footnote for source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	79	79.1	79.2	79.3	79.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics. UDOH 2006

STATE PERFORMANCE MEASURE # 1

The percent of women of reproductive age (18-44) who are uninsured.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			14	17.2	16
Annual Indicator	14.8	15.3	16.1	13.8	14.9
Numerator	74,729	78,617	98,370	86,630	83,775
Denominator	505,610	513,839	609,150	626,848	560,742
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	16	15	14	13	13
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: The proportion of women with no insurance calculated using the data from the Utah Healthcare Access Survey, 2008.

Denominator: IBIS Population estimates 2008

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: The proportion of women with no insurance calculated using the data from the Utah Healthcare Access Survey, 2007

Denominator: IBIS Population estimates 2007

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: The proportion of women with no insurance calculated using the data from the Utah Health Status Survey 2006.

Denominator: IBIS Population estimates

STATE PERFORMANCE MEASURE # 2

The proportion of pregnancies that result in a live birth that are intended.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	66	66.4	68.7	67.1	65.9
Annual Indicator	68.6	66.1	65.8	69.1	69.1
Numerator	34,748	34,053	35,187	38,070	38,070
Denominator	50,653	51,517	53,475	55,063	55,063
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	69.3	69.5	69.7	69.9	70.1
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: PRAMS weighted data, 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: PRAMS weighted data, 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

PRAMS data projected from 2006 births.

STATE PERFORMANCE MEASURE # 3

The percent of women who are at a normal weight prior to pregnancy.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			56	56.5	56
Annual Indicator	56.9	56.3	55.9	55.5	55.5
Numerator	28,800	28,995	29,898	30,555	30,555
Denominator	50,653	51,517	53,475	55,063	55,063
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	56.3	56.6	56.9	57.2	57.5
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics. UDOH 2006

STATE PERFORMANCE MEASURE # 4

The percent of pregnant women with appropriate weight gain who deliver live born infants.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			33.9	34.1	34.3
Annual Indicator	33.7	33.2	33.0	33.1	33.1
Numerator	17,069	17,119	17,639	18,228	18,228
Denominator	50,653	51,517	53,475	55,063	55,063
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	34.5	34.7	34.9	35.1	35.3
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics. UDOH 2006

STATE PERFORMANCE MEASURE # 5

The proportion of women who deliver a live born infant reporting postpartum depression who seek help from a doctor, nurse or other health care worker.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			40	35	39
Annual Indicator	39.5	34.6	38.6	42.6	42.6
Numerator	2,894	2,233	2,754	2,687	2,687
Denominator	7,327	6,459	7,134	6,302	6,302
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	42.6	43	43.5	44	44.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: PRAMS weighted data, 2007.

Denominator: PRAMS weighted data, 2007.

The questions used for this performance measure are as follows:

*Questions:

Since your new baby was born, how often have you felt down, depressed or hopeless? Always, Often, Sometimes, Rarely, Never

Since your new baby was born, how often have you had little interest or little pleasure in doing things? Always, Often, Sometimes, Rarely, Never

The number of women delivering a live infant who answer Always or Often to either question are counted as having reported postpartum depression which is the denominator.

Since your new baby was born, did you seek help for depression from a doctor, nurse or other health care worker?

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: PRAMS weighted data, 2007.

Denominator: PRAMS weighted data, 2007.

The questions used for this performance measure are as follows:

*Questions:

Since your new baby was born, how often have you felt down, depressed or hopeless? Always, Often, Sometimes, Rarely, Never

Since your new baby was born, how often have you had little interest or little pleasure in doing things? Always, Often, Sometimes, Rarely, Never

The number of women delivering a live infant who answer Always or Often to either question are counted as having reported postpartum depression which is the denominator.

Since your new baby was born, did you seek help for depression from a doctor, nurse or other health care worker?

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

PRAMS data 2006

The questions used for this performance measure are as follows:

*Questions:

Since your new baby was born, how often have you felt down, depressed or hopeless? Always, Often, Sometimes, Rarely, Never

Since your new baby was born, how often have you had little interest or little pleasure in doing things? Always, Often, Sometimes, Rarely, Never

The number of women delivering a live infant who answer Always or Often to either question are counted as having reported postpartum depression which is the denominator.

Since your new baby was born, did you seek help for depression from a doctor, nurse or other health care worker?

STATE PERFORMANCE MEASURE # 6

The percent of children who are at risk of overweight and overweight.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			24	22.5	22.5
Annual Indicator		24.0	22.5	22.5	21.5
Numerator		1,020	968	968	887
Denominator		4,250	4,310	4,310	4,123
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	21.5	21.5	21	21	20.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Elementary Student Height/Weight Survey.

Data are based on a statewide weighted sample of schools in which 1st, 3rd and 5th grade students were screened for height and weight in 2008.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

2006 Elementary Student Height/Weight Survey.

Data are based on a statewide weighted sample of schools in which 1st, 3rd and 5th grade students were screened for height and weight in 2006.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Elementary Student Height/Weight Survey.

Data are based on a statewide weighted sample of schools in which 1st, 3rd and 5th grade students were screened for height and weight in 2006.

STATE PERFORMANCE MEASURE # 7

The percent of youth during the last 12 months who feel so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			28.2	28	25.9
Annual Indicator		28.2	28.2	25.9	25.9
Numerator		434	434	499	499
Denominator		1,540	1,540	1,926	1,926
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	25.9	25.5	25.5	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: YRBS, 2007.

Denominator: YRBS, 2007.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: YRBS, 2007.

Denominator: YRBS, 2007.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

2005 YRBS

STATE PERFORMANCE MEASURE # 8

The percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	45	48	49	49.5	51
Annual Indicator	47.2	48.8	48.6	51.2	51.4
Numerator	12,772	14,127	13,889	14,920	15,211
Denominator	27,088	28,943	28,596	29,135	29,599
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	52	53	54	55	56
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: Medicaid CMS 416, FFY2008.

Denominator: Medicaid CMS 416, FFY2008

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Medicaid CMS 416, FFY2007

Denominator: Medicaid CMS 416, FFY2007

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data are from Medicaid CMS 416 for FFY06.

STATE PERFORMANCE MEASURE # 9

The percent of children with special health care needs in the rural areas of the state receiving direct clinical services through the state CSHCN program.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	12.5	13	12	12	12
Annual Indicator	13.4	11.9	11.5	11.1	10.6
Numerator	2,742	2,493	2,403	2,371	2,333
Denominator	20,502	20,871	20,821	21,362	21,978
Data Source					See footnote for source
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>12</u>	<u>12</u>	<u>12</u>	<u>13</u>	<u>13</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: The number of children served in the rural area based on the Mega West billing system. 2008

Denominator: Estimated proportion of CSHCN children in the rural areas based on SLAITS 2005, 11.0% estimate.

2. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: The number of children served in the rural area based on the Mega West billing system. 2007

Denominator: Estimated proportion of CSHCN children in the rural areas based on SLAITS 2005, 11.0% estimate.

3. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: The number of children served in the rural area based on the Mega West billing system. Denominator: Estimated proportion of CSHCN children in the rural areas based on SLAITS 2001, 11.2%

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: UT

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.2	5.1	5.2	4.5	4.9
Annual Indicator	5.2	4.5	5.0	5.2	5.2
Numerator	262	231	269	284	284
Denominator	50,653	51,517	53,475	55,063	55,063
Data Source					
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	4.9	4.9	4.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are				
Denominator	not required for future year data.				

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database.UDOH 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database.UDOH 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Office of Vital Records and Statistics infant mortality data.UDOH CY 2006.

Denominator: Vital Records birth data 2006.

This number differs from the rate calculated from linked Medicaid and Vital Records (5.03 vs. 5.16 per 1,000).

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.8	1.7	4.5	4.5	4
Annual Indicator	4.4	4.4	2.5	1.5	1.5
Numerator	21.4	21.4	12	6.7	6.7
Denominator	4.9	4.9	4.8	4.6	4.6

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.6	1.6	1.5	1.5	1.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database and Birth Certificate. UDOH 2007.

Denominator: Office of Vital Records and Statistics, Mortality database and Birth Certificate Database. UDOH. 2007

The infant mortality rates are based on 3-year moving average (2005-2007). The Black infant mortality rate was 6.7 (10 deaths, 1490 births); White infant mortality rate was 4.6 (691 deaths, 149,780 births).

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database and Birth Certificate. UDOH 2007.

Denominator: Office of Vital Records and Statistics, Mortality database and Birth Certificate Database. UDOH. 2007

The infant mortality rates are based on 3-year moving average (2005-2007). The Black infant mortality rate was 6.7 (10 deaths, 1490 births); White infant mortality rate was 4.6 (691 deaths, 149,780 births).

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

The Utah Data Resources Program discovered that the previous 2005 data was not calculated appropriately. To rectify this we have recalculated this based upon the most recent data.

The infant mortality ratio was 3.3 which are based on 3-year moving average (2003-2005). The Black infant mortality rate was 15.7 (19deaths, 1208 births); White infant mortality rate was 4.8 (683deaths, 142,659 births).

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH 2006.

Denominator: Office of Vital Records and Statistics, Mortality database. UDOH. 2006.

The infant mortality rates are based on 3-year moving average (2005-2007). The Black infant mortality rate was 6.7 (10 deaths, 1490 births); White infant mortality rate was 4.6 (691 deaths, 149,780 births).

The 2006 infant mortality rates are based on 3-year moving average (2004-2006). The Black infant mortality rate was 12.0 (16 deaths, 1333 births); White infant mortality rate was 4.8 (698 deaths, 145,902 births).

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3.4	3.4	3	3.4
Annual Indicator	3.4	3.0	3.5	3.5	3.5
Numerator	173	156	186	192	192
Denominator	50,653	51,517	53,475	55,063	55,063

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.4	3.4	3.3	3.3	3.2

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: Office of Vital Records and Statistics, Mortality database.UDOH 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Mortality database.UDOH 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics.UDOH CY 2006

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.5	1.6	1.4	1.5
Annual Indicator	1.8	1.5	1.6	1.7	1.7
Numerator	89	75	83	92	92
Denominator	50,653	51,517	53,475	55,063	55,063

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.6	1.5	1.4	1.4	1.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: Office of Vital Records and Statistics, Mortality database.UDOH 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Mortality database.UDOH 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics.UDOH CY 2006

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.8	5.2	7.8	3.2	4
Annual Indicator	3.2	3.3	4.7	5.0	5.0
Numerator	162	168	252	278	278
Denominator	50,653	51,517	53,720	55,320	55,320

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	4.9	4.9	4.8	4.8	4.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: Office of Vital Records and Statistics, Stillbirth database and mortality database, UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database and Stillbirth data. UDOH. 2007.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Office of Vital Records and Statistics, Stillbirth database and mortality database, UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database and Stillbirth data. UDOH. 2007.

3. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Office of Vital Records and Statistics, Stillbirth database and mortality database, UDOH. 2006.

Denominator: Office of Vital Records and Statistics, Birth Certificate database and Mortality database. UDOH. 2006.

The numerator was calculated using the number of fetal deaths greater than or equal to 28 weeks gestation plus infant deaths occurring under seven days.

The denominator was calculated using live births and fetal deaths (20 weeks or greater).

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	18.9	20.5	20.2	20.1	17.9
Annual Indicator	20.2	20.1	18.0	17.9	17.9
Numerator	122	124	114	117	117
Denominator	602,710	617,386	633,890	654,550	654,550

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	17.9	17.9	17.8	17.8	17.8

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Death data, Office of Vital Records and Statistics. UDOH 2006

Denominator: IBIS Population estimates for 2006 based on GOPB population estimates 2008 baseline.

The 2006 population reported on the 2007 Block Grant report was 635,233 and now has been updated to 633,890.

STATE OUTCOME MEASURE # 1

The maternal mortality rate per 100,000 live births.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	20	17	16	16	15
Annual Indicator	3.9	7.8	16.8	20.0	20.0
Numerator	2	4	9	11	11
Denominator	50,653	51,517	53,475	55,063	55,063
Data Source					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	16	15	15	14	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2008

Field Note:

The rate is computed based on the women who die within 12 months of completion of pregnancy. Maternal Mortality Review Program. 2007

2. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is computed based on the women who die within 12 months of completion of pregnancy. Maternal Mortality Review Program. 2007

3. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2006

Field Note:

The maternal mortality rate is being reported on a per year basis but since the numbers are small this rate may fluctuate and not show a consistent trend over time. The rate is computed based on the women who die within 12 months of completion of pregnancy. Maternal Mortality Review Program. 2006

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: UT

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: UT FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To reduce depression and mental health issues for women, especially before, during and after pregnancy, and in children and youth
2. To reduce proportion of women of childbearing ages, pregnant women and children and youth with BMIs in the underweight, overweight and obese categories
3. To increase the proportion of births that are intended, including promotion of healthy interpregnancy spacing
4. To increase the proportion of children, especially those with special health care needs, whose health care is integrated into a medical home
5. To increase access to health care for women of childbearing ages and children including those who do not have insurance and those living in rural areas
6. To increase the use of the oral health care system for all MCH populations
7. To increase children and youth with special health care needs accessing and utilizing transition and vocational rehabilitation services.
8. To increase ethnic and cultural awareness, needs and services for Utah's racial and ethnic populations
9. To increase the awareness of genomics and promote a public health role related to genomics for the MCH populations
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: UT

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	We would like TA on developing a TA support in data acquisition and analysis for our Community readiness matrix	This TA would enable CSHCN conduct a more robust needs assessment	Not known at present
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: UT

SP # 1

PERFORMANCE MEASURE:

The percent of women of reproductive age (18-44) who are uninsured.

STATUS:

Active

GOAL

Increase the percent of women of reproductive age (18-44) who are not insured

DEFINITION

The percent of women of reproductive age (18-44) who are uninsured.

Numerator:

Number of women of reproductive age who report not being covered by insurance.

Denominator:

Total number of women of reproductive age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 1-1 Increase the proportion of persons with health insurance.

DATA SOURCES AND DATA ISSUES

Weighted data from the Utah Health Status Survey.

SIGNIFICANCE

Adequate access to health care and related services can increase appropriate use of the health care system and, ultimately, improve health outcomes. The state of Utah has prioritized the issue of health insurance coverage for all citizens of the state. A higher percentage of women of childbearing ages have no insurance compared to the general population. Not having insurance is a barrier to early prenatal care and other preventive health care, such as family planning.

SP # 2

PERFORMANCE MEASURE:

The proportion of pregnancies that result in a live birth that are intended.

STATUS:

Active

GOAL

Increase the proportion of pregnancies that result in a live birth that are intended.

DEFINITION

Numerator:

The number of women delivering live born infants who reported that their pregnancy was intended.

Denominator:

The number of women delivering live born infants.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

HP 9-1 Increase the proportion of pregnancies that are intended.

DATA SOURCES AND DATA ISSUES

Utah Department of Health, Office of Vital Records and Statistics, birth certificate data and Utah Pregnancy Risk Assessment Monitoring System (PRAMS) data, weighted for sample design and non-response.

SIGNIFICANCE

Unintentional pregnancy (pregnancies that are mistimed (unplanned, but desired) and unwanted (unplanned and not desired) has been linked to poor pregnancy outcomes. Current Utah birth records and Medicaid data have indicated that short inter-pregnancy intervals (less than 18 months between delivery of one child and conception of a subsequent pregnancy) are associated with higher risks for low birth weight, pre-term birth, and small for gestational age infants. Unintended pregnancy may be a reflection of the higher proportion of women of childbearing age without insurance and lack of access to preventive care, including family planning services.

SP # 3

PERFORMANCE MEASURE:

The percent of women who are at a normal weight prior to pregnancy.

STATUS:

Active

GOAL

Increase the percentage of women who are at a normal weight prior to pregnancy.

DEFINITION

Women delivering a live born infant who had a normal prepregnancy BMI.

Numerator:

Number of women delivering a live born infant who had a normal prepregnancy BMI.

Denominator:

The number of women who deliver a live born infant.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 19-1: Increase proportion of adults who are at a healthy weight.

DATA SOURCES AND DATA ISSUES

Utah Department of Health, Office of Vital Records and Statistics, birth certificate data

SIGNIFICANCE

Women who are not at a healthy weight prior to pregnancy are at a higher risk for gestational diabetes, preeclampsia, eclampsia, cesarean section, macrosomia, low birthweight, fetal distress, antepartum stillbirth, preterm delivery, and early neonatal death. Prepregnancy weight is a proxy measure of the overall weight status of women and normal prepregnancy weight may reflect a woman's future weight history.

SP # 4

PERFORMANCE MEASURE:

The percent of pregnant women with appropriate weight gain who deliver live born infants.

STATUS:

Active

GOAL

Increase the percentage of pregnant women with appropriate weight gain during their pregnancies, regardless of gestational age at the time of delivery.

DEFINITION

Numerator:

Number of women with a live birth who have achieved appropriate weight gain for duration of pregnancy at time of delivery.

Denominator:

Number of live births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 16-12 - (Developmental) Increase the proportion of mothers who achieve a recommended weight gain

DATA SOURCES AND DATA ISSUES

Birth Certificate data, Vital Records, IOM weight gain guides

SIGNIFICANCE

Women with appropriate weight gain during pregnancy have better outcomes than women with inadequate or excessive weight gains. Inadequate weight gain may be associated with increased risks for low birth weight and infant mortality while those with excessive weight gain have increased risk for cesarean delivery, preterm delivery, and long term inappropriate weight status.

SP # 5

PERFORMANCE MEASURE:

The proportion of women who deliver a live born infant reporting postpartum depression who seek help from a doctor, nurse or other health care worker.

STATUS:

Active

GOAL

Increase the percentage of women who report and seek treatment for postpartum depression.

DEFINITION

The proportion of women who deliver a live born infant reporting postpartum depression who seek help from a doctor, nurse or other health care worker.

Numerator:

Number of women delivering a live born infant reporting postpartum depression who report seeking help from a doctor, nurse or other health care worker.

Denominator:

Number of women delivering a live born infant reporting postpartum depression.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 18-9 Increase the proportion of adults with mental disorders who receive treatment.

HP 18-9b. Adults aged 18 years and older with recognized depression.

DATA SOURCES AND DATA ISSUES

Utah Department of Health, Pregnancy Risk Assessment Monitoring System

SIGNIFICANCE

Perinatal depression is emerging as a priority issue in Utah. Among Utah PRAMS respondents from 1999 to 2001, 25.2% indicated that they were moderately to severely depressed? in the months after delivery. Utah had the highest prevalence of low to moderate self-reported postpartum depression (62.3%) among seven PRAMS states (2000 PRAMS national data). In Utah from 1995 through 2002, suicide was the cause of 5 of 61 maternal deaths. Maternal depression impacts a mother's ability to interact with her infant effectively, which may inhibit healthy development of her child. The CDC has recently modified the PRAMS depression questions. The questions used for this performance measure are as follows: *Questions: Since your new baby was born, how often have you felt down, depressed or hopeless? Always, Often, Sometimes, Rarely, Never Since your new baby was born, how often have you had little interest or little pleasure in doing things? Always, Often, Sometimes, Rarely, Never The number of women delivering a live infant who answer Always or Often to either question are counted as having reported postpartum depression. Since your new baby was born, did you seek help for depression from a doctor, nurse or other health care worker?

SP # 6

PERFORMANCE MEASURE:

The percent of children who are at risk of overweight and overweight.

STATUS:

Active

GOAL

To decrease the number of children who are at risk of overweight and overweight.

DEFINITION

Numerator:

The number of children with BMI at or above the 85th percentile cut points from the 2000 CDC Growth Charts.

Denominator:

The number of children with complete height and weight in the sample in grades 1, 3, and 5.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 19-3 Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

In fall 2005, the Heart Disease and Stroke Prevention Program will gather height and weight data on approximately 7,900 public school students in grades 1, 3, and 5. The measures will be collected every other year. At risk for overweight is defined as at or above the gender- and age-specific 85th percentile of BMI and Overweight is defined as at or above the gender- and age-specific 95th percentile of BMI based on the revised CDC Growth Charts for the United States <http://www.cdc.gov/growthcharts/>.

SIGNIFICANCE

Utah, similar to the nation, has experienced an increase in the percentage of at risk for overweight and overweight children. Increased weight places children at risk for additional health problems including diabetes and cardiovascular disease. Additionally, overweight children are more likely to face psychological stress and engage in high-risk behaviors. Currently, Utah does not have adequate data to establish a baseline of the prevalence of at risk for overweight and overweight.

SP # 7

PERFORMANCE MEASURE:

The percent of youth during the last 12 months who feel so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

STATUS:

Active

GOAL

To decrease the number of adolescents who are so depressed that they cannot carry on usual activities.

DEFINITION

Numerator:

Number of youth surveyed who report that during the prior 12 months feeling so sad or hopeless almost every day for two weeks or more that they stopped doing usual activities.

Denominator:

All youth responding to the Youth Risk Behavior Survey question on depression.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 18-7 Increase the proportion of children with mental health problems who receive treatment.

DATA SOURCES AND DATA ISSUES

Data comes from the Youth Risk Behavior Survey undertaken in the state's public schools. Limitations of the data are that the survey is only undertaken in some of the public schools every other year and private schools are not included.

SIGNIFICANCE

The most recent Title V Needs Assessment identifies child mental health problems as a major issue. This measure is meant to provide a method of tracking depression that is related to a variety of mental health issues including suicide, risk-taking behaviors, low-self esteem, child abuse, and treatable mental health diagnoses including bipolar disorder.

SP # 8

PERFORMANCE MEASURE:

The percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year.

STATUS:

Active

GOAL

Increase the percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year.

DEFINITION

The percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year.

Numerator:

Number of children six through nine years of age enrolled in Medicaid receiveing a dental visit in the past year.

Denominator:

Number of children six to nine years of age enrolled in Medicaid.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP21-10:Increase the proportion of children and adults who use the oral health care system each year

DATA SOURCES AND DATA ISSUES

Medicaid CMS 416 EPSDT report

SIGNIFICANCE

Only 47% of children six through nine years of age enrolled in Medicaid had a least one dental visit in FY 2004. Increasing the proportion of children receiving annual dental visits will help to insure that more children are receiving and benefiting from preventive oral health services such as sealants, fluoride applications and daily fluoride supplements as well as needed treatment care. Additionally, annual dental visits for preventive services and early intervention and treatment care will reduce the rate of untreated caries among children. Permanent teeth have begun erupting in most children by six years of age. Regular dental visits can help ensure the healthy future of the permanent dentition by providing essential preventive care, early treatment and education and instruction for home care to children and their parents. Regular dental care can ensure good oral health, thus impacting overall general health.

SP # 9

PERFORMANCE MEASURE:

The percent of children with special health care needs in the rural areas of the state receiving direct clinical services through the state CSHCN program.

STATUS:

Active

GOAL

Increase the percent of children with needed access to specialty care through Children with Special Health Care Needs (CSHCN) clinics in rural areas of Utah.

DEFINITION

Numerator:

The number of children in the State CSHCN program who receive services in rural Utah counties.

Denominator:

The estimated number of children with special health care needs who live in rural counties.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

HP16-23: Increase the proportion of Territories and States that have service systems for CSHCN.

DATA SOURCES AND DATA ISSUES

The CSHCN National Survey data for number of children with special health care needs in Utah. The UDOH website for county rural population data. <http://health.utah.gov/ibisq/> UDOH CSHCN service data

SIGNIFICANCE

The State CSHCN Program has traditionally provided or financed specialty and subspecialty services to children and youth with special health care need populations when they are not otherwise available. Although there are adequate subspecialty pediatric resources along the Wasatch Front, specialized services are absent or difficult to obtain in rural Utah. By increasing the percentage of children and youth with special health care needs for whom appropriate specialty and subspecialty care is accessible, health outcomes for these children will be improved.

SO # 1

OUTCOME MEASURE:

The maternal mortality rate per 100,000 live births.

STATUS:

Active

GOAL

Reduce the number of women who die due to pregnancy related causes.

DEFINITION

Numerator:

Women of childbearing age who die within 12 months of completion of a pregnancy regardless of duration due to pregnancy or pregnancy related causes.

Denominator:

Number of live births.

Units: 100000 **Text:** 2

HEALTHY PEOPLE 2010 OBJECTIVE

HP 16-4 Reduce maternal deaths

DATA SOURCES AND DATA ISSUES

Match of death certificates of women of childbearing age with birth and fetal death certificates, review of deaths and classification of causes.

SIGNIFICANCE

Pregnancy and pregnancy related causes of death may be preventable. Identification of the contributing factors may lead to prevention of future deaths, thus sparing children the loss of the mothers.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: UT

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>18.8</u>	<u>16.4</u>	<u>14.6</u>	<u>15.4</u>	<u>15.4</u>
Numerator	<u>459</u>	<u>409</u>	<u>372</u>	<u>403</u>	<u>403</u>
Denominator	<u>244,299</u>	<u>249,960</u>	<u>255,456</u>	<u>261,329</u>	<u>261,329</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

Numerator: hospital discharge database in IBIS; ICD-9 codes for asthma are 493.0-493.9. 2007

Denominator: population estimated for children 0-4 years old found in IBIS, population estimate 2007

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: hospital discharge database in IBIS; ICD-9 codes for asthma are 493.0-493.9. 2007

Denominator: IBIS Population estimates for 2007

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: hospital discharge database in IBIS; ICD-9 codes for asthma are 493.0-493.9. 2006

Denominator: population estimated for children 0-4 years old found in IBIS, population estimate 2006 based on GOPD 2008 baseline.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>82.7</u>	<u>82.5</u>	<u>83.9</u>	<u>86.4</u>	<u>87.4</u>
Numerator	<u>26,128</u>	<u>26,629</u>	<u>26,977</u>	<u>18,747</u>	<u>19,088</u>
Denominator	<u>31,605</u>	<u>32,282</u>	<u>32,137</u>	<u>21,701</u>	<u>21,831</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2008
Field Note:
Numerator: CMS 416 for FFY 2008
Denominator: CMS 416 for FFY 2008
- Section Number:** Form17_Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2007
Field Note:
Data from the CMS 416 for FFY 2007
- Section Number:** Form17_Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2006
Field Note:
Data from the CMS 416 for FFY 2006

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (CHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>89.2</u>	<u>97.1</u>	<u>97.4</u>	<u>96.8</u>	<u>99.3</u>
Numerator	<u>654</u>	<u>135</u>	<u>185</u>	<u>182</u>	<u>286</u>
Denominator	<u>733</u>	<u>139</u>	<u>190</u>	<u>188</u>	<u>288</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: HEDIS measure "Well Child Visits in First 15 Months" 2008

Denominator: HEDIS sample

The data were obtained through a combination of Hybrid and Administrative procedures from the providers.

2. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Office of Healthcare Statistics, CHIP, 2007

3. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: HEDIS measure "Well Child Visits in First 15 Months" 2006

The data were obtained through a combination of Hybrid and Administrative procedures from the providers.

Denominator: Sample selected by the providers

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>78.8</u>	<u>78.8</u>	<u>82.2</u>	<u>83.2</u>	<u>83.2</u>
Numerator	<u>39,844</u>	<u>39,844</u>	<u>43,970</u>	<u>44,762</u>	<u>44,762</u>
Denominator	<u>50,581</u>	<u>50,581</u>	<u>53,475</u>	<u>53,810</u>	<u>53,810</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2008
Field Note:
 Data reported are the most recent data available.
 Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007
 Denominator: IBIS Population estimates for 2007
- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2007
Field Note:
 Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007
 Denominator: IBIS Population estimates for 2007
- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2006
Field Note:
 Vital Records birth data 2006, IBIS UDOH

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>88.0</u>	<u>93.5</u>	<u>93.5</u>	<u>93.5</u>	<u>86.6</u>
Numerator	<u>128,196</u>	<u>150,379</u>	<u>150,379</u>	<u>150,379</u>	<u>142,476</u>
Denominator	<u>145,683</u>	<u>160,915</u>	<u>160,915</u>	<u>160,915</u>	<u>164,602</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: Fee for service claims were used to calculate the number of unduplicated children receiving a medical service provided by Medicaid.

Denominator: The number of children enrolled in Medicaid plus the proportion of children with no insurance who could have been eligible for Medicaid based on income for ages 1-18, were calculated using the data from the Utah Healthcare Access Survey, 2008.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Fee for service claims were used to calculate the number of unduplicated children receiving a medical service provided by Medicaid and estimates of a service received using Medicaid HEDIS data.

Denominator: The number of children enrolled in Medicaid plus the proportion of children with no insurance who could have been eligible for Medicaid based on income for ages 1-18, were calculated using the data from the Utah Health Status Survey 2005.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: Fee for service claims were used to calculate the number of unduplicated children receiving a medical service provided by Medicaid and estimates of a service received using Medicaid HEDIS data.

Denominator: The number of children enrolled in Medicaid plus the proportion of children with no insurance who could have been eligible for Medicaid based on income for ages 1-18, were calculated using the data from the Utah Health Status Survey 2005.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	<u>47.2</u>	<u>48.8</u>	<u>48.6</u>	<u>51.2</u>	<u>51.4</u>
Numerator	<u>12,772</u>	<u>14,127</u>	<u>13,889</u>	<u>14,920</u>	<u>15,211</u>
Denominator	<u>27,088</u>	<u>28,943</u>	<u>28,596</u>	<u>29,135</u>	<u>29,599</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: Medicaid CMS 416, FFY2008.

Denominator: Medicaid CMS 416, FFY2008

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Medicaid CMS 416, FFY2007

Denominator: Medicaid CMS 416, FFY2007

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

The data are from Medicaid CMS 416 for FFY06

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>34.0</u>	<u>25.1</u>	<u>19.9</u>	<u>22.5</u>	<u>23.1</u>
Numerator	<u>1,155</u>	<u>895</u>	<u>742</u>	<u>919</u>	<u>981</u>
Denominator	<u>3,396</u>	<u>3,569</u>	<u>3,728</u>	<u>4,089</u>	<u>4,239</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: Unduplicated CSHCN number that has been specifically matched for the age range of 16 years and under. The numerator reflects CSHCN systems data for age matched for, SSN, name and date of birth.

Denominator: SSI for calendar year 2008

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Unduplicated CSHCN number that has been specifically matched for the age range of 16 years and under. The numerator reflects CSHCN systems data for age matched for, SSN, name and date of birth.

Denominator: SSI for calendar year 2007

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Unduplicated CSHCN number that has been specifically matched for the age range of 16 years and under. The numerator reflects CSHCN systems data for age matched for, SSN, name and date of birth.

Denominator: SSI for calendar year 2006

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: UT

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Matching data files	<u>8.2</u>	<u>6</u>	<u>6.7</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Matching data files	<u>7</u>	<u>4.4</u>	<u>5.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Matching data files	<u>69</u>	<u>84.1</u>	<u>79.4</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Matching data files	<u>74.1</u>	<u>87.2</u>	<u>83.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: UT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2008	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>133</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: UT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>		<u> </u>

FORM NOTES FOR FORM 18

Linked Birth Certificate database and Medicaid eligibility data, 2007

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
Pregnant women are not covered under Utah CHIP program.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: UT

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: UT

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: YTS	3	No

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: UT

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2004	2005	<u>Annual Indicator Data</u>		2008
	2006	2007			
Annual Indicator	6.6	6.8	6.9	6.7	6.7
Numerator	3,363	3,520	3,710	3,669	3,669
Denominator	50,653	51,517	53,475	55,063	55,063

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Office of Vital Records and Statistics. IBIS UDOH CY 2006

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>5.2</u>	<u>5.2</u>	<u>5.4</u>	<u>5.3</u>	<u>5.3</u>
Numerator	<u>2,550</u>	<u>2,595</u>	<u>2,784</u>	<u>2,812</u>	<u>2,812</u>
Denominator	<u>49,282</u>	<u>50,017</u>	<u>51,922</u>	<u>53,510</u>	<u>53,510</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics birth data UDOH CY 2006

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.0</u>	<u>1.0</u>	<u>1.1</u>	<u>1.0</u>	<u>1.0</u>
Numerator	<u>518</u>	<u>534</u>	<u>563</u>	<u>576</u>	<u>576</u>
Denominator	<u>50,653</u>	<u>51,517</u>	<u>53,475</u>	<u>55,063</u>	<u>55,063</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics birth data, UDOH CY 2006

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.7</u>	<u>0.8</u>	<u>0.8</u>	<u>0.8</u>	<u>0.8</u>
Numerator	<u>364</u>	<u>389</u>	<u>403</u>	<u>428</u>	<u>428</u>
Denominator	<u>49,282</u>	<u>50,017</u>	<u>51,922</u>	<u>53,510</u>	<u>53,510</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007.

Denominator: Office of Vital Records and Statistics, Birth Certificate database. UDOH. 2007

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Office of Vital Records and Statistics birth data, UDOH CY 2006

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>9.0</u>	<u>10.0</u>	<u>7.1</u>	<u>7.6</u>	<u>7.6</u>
Numerator	<u>59</u>	<u>67</u>	<u>49</u>	<u>54</u>	<u>54</u>
Denominator	<u>653,225</u>	<u>668,784</u>	<u>686,219</u>	<u>708,557</u>	<u>708,557</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

Office of Vital Records and Statistics death data, UDOH 2006

The 2006 population reported on the 2007 Block Grant report was 683,326 and now has been updated to 686,219.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>4.6</u>	<u>5.2</u>	<u>2.9</u>	<u>3.2</u>	<u>3.2</u>
Numerator	<u>30</u>	<u>35</u>	<u>20</u>	<u>23</u>	<u>23</u>
Denominator	<u>653,225</u>	<u>668,784</u>	<u>686,219</u>	<u>708,557</u>	<u>708,557</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Office of Vital Records and Statistics death data, UDOH 2006

The 2006 population reported on the 2007 Block Grant report was 683,326 and now has been updated to 686,219.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>16.7</u>	<u>16.6</u>	<u>18.8</u>	<u>18.5</u>	<u>18.5</u>
Numerator	<u>71</u>	<u>69</u>	<u>86</u>	<u>85</u>	<u>85</u>
Denominator	<u>424,882</u>	<u>416,361</u>	<u>456,465</u>	<u>459,013</u>	<u>459,013</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Office of Vital Records and Statistics, Mortality database. UDOH. 2007

Denominator: IBIS Population estimates for 2007.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Office of Vital Records and Statistics death data, UDOH 2006

The 2006 population reported on the 2007 Block Grant report was 406,724 and now has been updated to 456,465.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>131.5</u>	<u>146.7</u>	<u>132.9</u>	<u>139.2</u>	<u>139.2</u>
Numerator	<u>859</u>	<u>981</u>	<u>912</u>	<u>986</u>	<u>986</u>
Denominator	<u>653,225</u>	<u>668,784</u>	<u>686,219</u>	<u>708,557</u>	<u>708,557</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

Numerator: Hospital Discharge Database Injury Query Module, 2007

Denominator: IBIS Population estimates for 2007

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Hospital Discharge Database Injury Query Module, 2007

Denominator: IBIS Population estimates for 2007

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

IBIS Hospital Discharge Database Injury Query Module, E codes E800-869, E880-E929; CY 2006

Denominator: IBIS Population Estimates

The 2006 population reported on the 2007 Block Grant report was 683,326 and now has been updated to 686,219.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>37.5</u>	<u>39.6</u>	<u>36.7</u>	<u>41.4</u>	<u>41.4</u>
Numerator	<u>245</u>	<u>265</u>	<u>252</u>	<u>293</u>	<u>293</u>
Denominator	<u>653,225</u>	<u>668,784</u>	<u>686,219</u>	<u>708,557</u>	<u>708,557</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

Numerator: Hospital Discharge Database Injury Query Module, 2007

Denominator: IBIS Population estimates for 2007

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Hospital Discharge Database Injury Query Module, 2007

Denominator: IBIS Population estimates for 2007

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: IBIS Hospital Discharge Database Injury Query Module, E810-E829; CY 2006

Denominator: IBIS Population Estimates

2002 and 2003 reporting was based on the following incorrect codes for this indicator (IBIS Hospital Discharge Database Injury Query Module, E880-E929).

The 2006 population reported on the 2007 Block Grant report was 683,326 and now has been updated to 686,219.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>144.3</u>	<u>144.1</u>	<u>130.1</u>	<u>128.3</u>	<u>128.3</u>
Numerator	<u>613</u>	<u>600</u>	<u>594</u>	<u>589</u>	<u>589</u>
Denominator	<u>424,882</u>	<u>416,361</u>	<u>456,465</u>	<u>459,013</u>	<u>459,013</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Data reported are the most recent data available.

Numerator: Hospital Discharge Database Injury Query Module, 2007

Denominator: IBIS Population estimates for 2007

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Hospital Discharge Database Injury Query Module, 2007

Denominator: IBIS Population estimates for 2007

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: IBIS Hospital Discharge Database Injury Query Module, E810-E829; CY 2006

Denominator: IBIS Population Estimates

2002 and 2003 reporting was based on the following incorrect codes for this indicator (IBIS Hospital Discharge Database Injury Query Module, E880-E929).

The 2006 population reported on the 2007 Block Grant report was 406,724 and now has been updated to 456,465.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>10.1</u>	<u>10.9</u>	<u>11.2</u>	<u>12.4</u>	<u>12.9</u>
Numerator	<u>978</u>	<u>1,066</u>	<u>1,196</u>	<u>1,412</u>	<u>1,435</u>
Denominator	<u>96,883</u>	<u>97,390</u>	<u>107,209</u>	<u>113,614</u>	<u>110,841</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: Bureau of Communicable Disease Control, Utah Department of Health, 2008.

Denominator: IBIS Population estimates for 2008.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Bureau of Communicable Disease Control, Utah Department of Health, 2007.

Denominator: IBIS Population estimates for 2007.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Bureau of Communicable Disease Control, Utah Department of Health, 2006

Denominator: Number of women ages 15-19; IBIS Population Estimates

The 2006 population reported on the 2007 Block Grant report was 111,939 and now has been updated to 107,209.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.6</u>	<u>4.1</u>	<u>4.5</u>	<u>5.0</u>	<u>5.0</u>
Numerator	<u>1,663</u>	<u>1,941</u>	<u>2,183</u>	<u>2,471</u>	<u>2,567</u>
Denominator	<u>466,232</u>	<u>474,823</u>	<u>484,264</u>	<u>496,192</u>	<u>511,628</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator: Bureau of Communicable Disease Control, Utah Department of Health, 2008.

Denominator: IBIS Population estimates for 2008.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Bureau of Communicable Disease Control, Utah Department of Health, 2007

Denominator: IBIS Population estimates for 2008.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Bureau of Communicable Disease Control, Utah Department of Health, 2006

Denominator: Number of women ages 20-44; IBIS Population Estimates

The 2006 population reported on the 2007 Block Grant report was 481,101 and now has been updated to 484,264.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: UT

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	55,063	51,381	568	716	930	738	0	730
Children 1 through 4	200,645	182,745	3,440	2,571	3,865	1,115	6,909	0
Children 5 through 9	229,807	209,679	4,076	3,246	3,907	2,017	6,882	0
Children 10 through 14	206,421	188,891	3,483	3,218	3,135	1,995	5,699	0
Children 15 through 19	209,417	192,966	2,726	3,747	3,479	1,972	4,527	0
Children 20 through 24	243,151	227,052	2,750	3,267	4,463	1,866	3,753	0
Children 0 through 24	1,144,504	1,052,714	17,043	16,765	19,779	9,703	27,770	730

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	45,757	9,068	238
Children 1 through 4	168,940	31,705	0
Children 5 through 9	194,568	35,239	0
Children 10 through 14	177,194	29,227	0
Children 15 through 19	185,184	24,233	0
Children 20 through 24	218,886	24,265	0
Children 0 through 24	990,529	153,737	238

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: UT

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	26	21	1	3	0	0	0	1
Women 15 through 17	1,133	1,028	23	36	11	15	0	20
Women 18 through 19	2,636	2,382	62	79	15	51	0	47
Women 20 through 34	46,160	43,303	433	551	722	593	0	558
Women 35 or older	5,108	4,647	49	47	182	79	0	104
Women of all ages	55,063	51,381	568	716	930	738	0	730

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	15	11	0
Women 15 through 17	590	531	12
Women 18 through 19	1,823	799	14
Women 20 through 34	39,178	6,814	168
Women 35 or older	4,151	913	44
Women of all ages	45,757	9,068	238

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: UT

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	282	233	3	5	1	4	0	36
Children 1 through 4	58	51	0	1	0	1	0	5
Children 5 through 9	39	31	0	1	0	0	0	7
Children 10 through 14	20	19	0	0	0	0	0	1
Children 15 through 19	120	105	1	5	2	1	0	6
Children 20 through 24	211	178	2	11	0	3	0	17
Children 0 through 24	730	617	6	23	3	9	0	72

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	216	65	1
Children 1 through 4	47	10	1
Children 5 through 9	34	5	0
Children 10 through 14	17	3	0
Children 15 through 19	103	17	0
Children 20 through 24	174	36	1
Children 0 through 24	591	136	3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: UT

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	950,920	871,067	15,079	14,240	16,158	8,268	26,108	0	2008
Percent in household headed by single parent	10.1	9.4	25.7	26.3	9.1	9.6	18.1	0.0	2007
Percent in TANF (Grant) families	1.0	69.3	4.8	4.3	1.3	0.4	0.4	0.0	2006
Number enrolled in Medicaid	169,498	104,408	4,485	1,108	5,028	191	0	54,278	2008
Number enrolled in SCHIP	46,588	44,359	435	834	650	204	0	106	2008
Number living in foster home care	2,830	2,374	215	170	22	23	15	11	2008
Number enrolled in food stamp program	146,778	130,537	3,778	7,357	3,268	1,838	0	0	2008
Number enrolled in WIC	69,015	69,015	0	0	0	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	8,873.6	8,772.3	24,104.0	8,330.1	10,121.9	10,121.9	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	4.5	3.6	8.5	8.8	4.5	4.5	0.0	0.0	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	814,077	136,843	0	2008
Percent in household headed by single parent	9.5	22.7	0.0	2007
Percent in TANF (Grant) families	80.5	19.5	0.0	2007
Number enrolled in Medicaid	100,603	50,322	18,463	2008
Number enrolled in SCHIP	35,677	10,911	0	2008
Number living in foster home care	2,154	658	0	2008
Number enrolled in food stamp program	113,435	35,343	0	2008
Number enrolled in WIC	0	0	69,015	2008
Rate (per 100,000) of juvenile crime arrests	7,467.4	19,620.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	3.6	10.0	0.0	2007

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: UT

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	723,476
Living in urban areas	723,476
Living in rural areas	194,620
Living in frontier areas	32,824
Total - all children 0 through 19	950,920

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: UT

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	2,699,554.0
Percent Below: 50% of poverty	2.3
100% of poverty	9.0
200% of poverty	30.7

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: UT

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	950,920.0
Percent Below: 50% of poverty	2.9
100% of poverty	11.2
200% of poverty	37.2

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2010
Field Note:
2008 data from IBIS Population Estimates Module.
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
2007 Data from U.S. Census.
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
2006 data from the Administration for Children and families website, Characteristics and Financial Circumstances of TANF Recipients FY2006 tables 31 and 35
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
2008 data from the 416 (0-20) report. Race and ethnicity proportions from the 2008 MCH Service Report.
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
2008 data from UDOH CHIP.
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
2008 data from DHS
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
2008 data from UDOH WIC Program. Data not available by race/ethnicity.
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
2007 data from SBCI.
9. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
2007 data from USOE CSPR report.
10. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2010
Field Note:
2008 data from DCFS.